

Adult Program Trip Surf City, NC Trip

Wednesday, August 30, 2017

Need a day at the beach to just relax while listening to the waves, fish off the pier, or go shopping? Join us for a day of fun at Surf City, NC. We will be leaving from Anne Gordon Active Adult Center at Millbrook Exchange Park (1901 Spring Forest Road) at 7:30am.

We will be traveling to Surf City, NC for a relaxing day at the beach. The entire day will be for you to do as you please. Bring your beach towel/chair, sunscreen and beach hat and sit back and soak up the fresh air. The group will unload at the Surf City Welcome Center where there are bathrooms/changing rooms, an outdoor shower for rinsing off, and easy access to the public beach area. Interested in fishing off the pier or just watching? The Surf City Pier is located in this same area and has a fully stocked tackle shop as well as fishing poles for rent. Within walking distance of the Welcome Center are some seafood restaurants, grills, deli and an ice cream store as well as some shops. Be sure to bring a beach towel, sunscreen, flip flops, a change of clothes, beach chair, drinks/snacks and money for lunch & shopping.

We always encourage participants to wear comfortable walking shoes and clothing. We'll make a rest stop with a short dinner break on the way back to Raleigh. The group will arrive back at the Anne Gordon Center in Raleigh at approximately 6:30pm.

Price:

\$54.00 City of Raleigh Resident

\$69.00 Non-City of Raleigh Resident

Price Includes:

Transportation via charter bus. Lunch, dinner and all other activities are on your own.

Patron Expectations:

This trip has a moderate volume of walking expected, including some steps, and uneven paths with loose bricks and gravel. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

Cancellation Policy:

Cancellations must be made in writing at least 14 days prior to trip departure date to receive a refund. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

To register return the bottom portion of the back page with payment to:

Anne Gordon Center for Active Adults 1901 Spring Forest Road Raleigh, NC 27615

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink #213545



Five Point Center 919-996-4730

Anne Gordon Center 919-996-4720

Walnut Terrace Center 919-996-6160



Price:

\$54.00 City of Raleigh Resident \$69.00 Non-City of Raleigh Resident

Price Includes: Transportation via charter bus. Lunch and all other activities are on your own.

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Make checks payable to: City of Raleigh

To Register: Complete the form below and return with full payment to:

Anne Gordon Center for Active Adults

Adult Program

1901 Spring Forest Road Raleigh, NC 27615

Signature of participant

Walk-in registrations are taken at any of our Active Adult Centers.

Credit Card payments can be made by phone, at any PRCR facility or by RecLink #213545

For Additional Information Contact: Adult Program Staff at 919-996-4730 or 919-996-4720

Keep top	portion	for your	records
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Surf City, NC Wednesday, August 30, 2017 #213545

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program

Date signed	DATE			
I understand that there is	s no one-on-one assistance provided by Ralei	gh PRCR Adult Program Staff	Initial	INITIALS
Name of Participant		Name of Participant		
Address	City	State	Zip Code _	
Telephone	Email:			
Emergency Contact	Primary Phone	Secondary Ph	one	

NON-DISCRIMINATION POLICY: The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):

Food Concerns

Office use:		
	Staff Initials	Date